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| (Requ | estor's Name) | | | |
|---|-------------------|--------|--|--|
| (Address) | | | | |
| (Addre | ess) | | | |
| (City/S | state/Zip/Phone # |) | | |
| PICK-UP | WAIT | MAIL | | |
| (Busin | ess Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
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EXAMINER



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| ION SERVICE COMPAN | ۸. | | | | | | |
| | ACCOUNT NO. | : | 12000000 | 0195 | | | |
| | REFERENCE | : | 417507 | 7676233 | | | |
| | AUTHORIZATION | : | Lovelle | Cenan | , | | |
| | COST LIMIT | : | \$ (25),00 | | | | |
| ORDER DATE : | November 9, 2012 | 2 | | | | | |
| ORDER TIME : | 10:40 AM | | | | | | |
| ORDER NO. : | 417507-030 | | | | | | |
| CUSTOMER NO: | 7676233 | | | | | | |
| NAME: | FOREIGN E | | | , LLC | | | |
| | TE PARTNERSHIP LIABILITY COMPAN | 4Y | | | SECKLINATI TALLAHASSEI | 12 NOV -9 | |
| XXXX WITHDRAW | AL/CANCELLATION | | | | PS: | PM I: 0 | C |
| PLEASE RETURN | THE FOLLOWING AS | s PF | ROOF OF FI | LING: | FLORIDA | :01 | |
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| CONTACT PERSO | N: Becky Peirce | - F | EXT# 52919 | | | | |

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

15 A ... 16

| Coast to Coast Auto Glass, LLC | W0200001P |
|--|---|
| (Name of limited liability cor | npany) |
| Delaware | |
| (Jurisdiction of its organiza | tion) |
| 3817378 | |
| (Florida Document Numb | per) |
| This limited liability company is no longer transacting bauthority to transact business in this state. | ousiness in Florida and surrenders its |
| This limited liability company revokes the authority of its its behalf and appoints the Department of State as its ag cause of action arising during the time it was authorized to | registered agent to accept service on ent for service of process based on a transact business in Florida. |
| 19511 Pauling | • |
| (Mailing address) | |
| Foothill Ranch, CA 92610 | • |
| (City/State/Zip) | |
| The limited liability company agrees to notify the Depachange in its mailing address. | urtment of State in the future of any |
| Signature of member or authorized representative of a men | mber) |
| (Orginitate of Monitor of duniorized representative of a mos | に に に に に に に に に に に に に に |
| Stephanie Sharma | TO NOV |
| (Typed or printed name of signee) | ASSE |
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Filing Fee: \$25.00